

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **UVLrx Therapeutics, Inc.**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

FDBA UVL Blood Labs, Inc.
UVLrx Therapeutics

3. Debtor's federal Employer Identification Number (EIN) **47-1678652**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

640 Brooker Creek Blvd.
Suite #455
Oldsmar, FL 34677

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Pinellas

County

Location of principal assets, if different from principal place of business

1834 Bath Street Santa Barbara, CA 93101

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **https://uvlrx.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **UVLrx Therapeutics, Inc.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3391**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No.
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **UVLrx Therapeutics, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **UVLrx Therapeutics, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 7, 2018**
MM / DD / YYYY**X /s/ Michael Harter**

Signature of authorized representative of debtor

Michael Harter

Printed name

Title **Chief Executive Officer****18. Signature of attorney****X /s/ Buddy D. Ford, Esquire**

Signature of attorney for debtor

Date **September 7, 2018**

MM / DD / YYYY

Buddy D. Ford, Esquire 0654711

Printed name

Buddy D. Ford, P.A.

Firm name

**9301 West Hillsborough Avenue
Tampa, FL 33615-3008**

Number, Street, City, State & ZIP Code

Contact phone **(813)877-4669**Email address **All@tampaesq.com****0654711 FL**

Bar number and State

IN THE UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
Tampa Division

In the Matter of:

UVLRX THERAPEUTICS, INC.,

Debtor,

}
}
}
}
}
}

Chapter 11

Case No: 8:18-bk-

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, *Michael W. Harter*, declare, under penalty of perjury, that I am the Chief Executive Officer (CEO) of UVLRX THERAPEUTICS, INC. (the "Corporation"), and that the following is a true and correct copy of the resolutions adopted by the Director(s) of said corporation at a special meeting duly called and held on the 7th day of September, 2018.

"**Whereas**, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;


Be It Therefore Resolved, that *Michael W. Harter*, CEO of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that *Michael W. Harter*, CEO of this corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that *Michael W. Harter*, CEO of this corporation is authorized and directed to employ Buddy D. Ford, Esquire, Florida Bar #0654711, attorney and the law firm of *Buddy D. Ford, P.A.*, 9301 West Hillsborough Avenue, Tampa, Florida 33615-3008, to represent the corporation in such bankruptcy case."

Date 9-7-18

Signed



Michael W. Harter, CEO

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 7, 2018**X /s/ Michael Harter**

Signature of individual signing on behalf of debtor

Michael Harter

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **UVLrx Therapeutics, Inc.**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
The GrotenHuis Family 2009 Revocable Trust & Legacy 1225 Via Brigitte Santa Barbara, CA 93111		Blanket Lien		\$1,734,109.56	Unknown	\$1,371,464.90
Molex, Inc. 18019 N. 25th Avenue Phoenix, AZ 85023		Inventory Supplies				\$205,652.86
Medical Device Management c/o Scott Johnson 11259 Windsor Place Tampa, FL 33626		Professional Consulting				\$76,069.94
Ryan Maloney 31610 N. 21st Lane Phoenix, AZ 85085		Professional Consulting + Bonus				\$73,669.94
RTL Aesthetics Attn: Serhly Yemtsev 13 Block 4, Golosievskia Str. 03039 Kiev, Ukraine		Customer				\$61,500.00
Intelix Solutions Attn: Doug Roberts 5550 LBJ Freeway, Ste. 800 Dallas, TX 75240		Sale Rep Commissions				\$61,250.00
Gulf Coast IRB, LLC 9030 St. Clair Lane Port Richey, FL 34668		IRB Consultant - Critical Vendor				\$51,325.00

Debtor **UVLrx Therapeutics, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Clinlogix, LLC 8 Sprginhouse Innovation Par 727 Norristown Rd. Suite 100 Lower Gwynedd, PA 19002		Professional Consultant				\$42,526.07
Cardinal Health Attn: Jason Bowers 11210 N. McKinley Dr. Tampa, FL 33612		Supplier				\$35,481.90
Block & Garden LLP 5949 Sherry Lane Suite 900 Dallas, TX 75225		Attorney - General (Services)				\$29,577.81
Fish IP Law LLP 2603 Main St., Ste. 1000 Irvine, CA 92614-4271		Attorney - IP/Patents/Trademarks (Services) - Critical Vendor				\$27,052.80
Clinton Pomroy, ND 5308 Derry Ave., Ste. K Agoura Hills, CA 91301		Customer Refund due				\$16,107.00
Berti Spechler Sarmiento McKay & Co., LLP 1933 Cliff Ddr., Ste. 26 Santa Barbara, CA 93109		Accounting				\$10,263.46
Chris Dooly 2917 Old Greenwood Rd. Suite 1 Fort Smith, AR 72903		Customer				\$8,500.00
Blank Rome, LLP One Logan Square 130 N. 18th Street Philadelphia, PA 19103-6998		Attorney - Labor (Services)				\$7,776.00
Canva Solutions, Inc 11911 Freedom Dr. Suite 850 Reston, VA 20190		Software License fee				\$6,250.00
Salus IRB Account Receivable 2111 W. Braker Lane Ste 400 Austin, TX 78758		IRB Consultant				\$5,400.00

Debtor **UVLrx Therapeutics, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Michael Galitzer, MD 12381 Wilshire Blvd, #102 Los Angeles, CA 90025		Professional consulting				\$5,000.00
Ion Medical Supply PO Box 17304 Jacksonville, FL 32245		Supplies				\$4,600.00
The Parris Family Trust 211 W Mission St Santa Barbara, CA 93101		Landlord - CA Office - 1834 Bath St.				\$4,100.00

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>362,644.69</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>362,644.69</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>1,734,109.56</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>3,445,264.27</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>5,179,373.83</u>

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase Bank - negative of -\$237.84Business Checking3333\$0.003.2. Chase BankBusiness Checking6898\$50.003.3. Chase BankBusiness Checking5908\$14,844.81**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$14,894.81**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Rent Deposit - EJB Brooker Creek Six, LLC (640 Brooker - FL)\$5,000.00

Debtor UVLrx Therapeutics, Inc.
Name

Case number (If known) _____

7.2. <u>Rent Deposit - Joe A. Freitas & Sons - \$15,000 (200 Carrillo - CA)</u>	<u>\$15,000.00</u>
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7.3. <u>Rent Deposit - William & Kamal Parris (1834 Bath - CA)</u>	<u>\$4,100.00</u>
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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$24,100.00

Part 3: Accounts receivable10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>9,219.22</u>	-	<u>0.00</u>	=	<u>\$9,219.22</u>
face amount			doubtful or uncollectible accounts		

11a. 90 days old or less:	<u>0.00</u>	-	<u>0.00</u>	=	<u>Unknown</u>
face amount			doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$9,219.22

Part 4: Investments13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Various parts including but not limited to electronic screens, and housings		<u>\$0.00</u>	<u>N/A</u>	<u>\$35,000.00</u>

Debtor UVLrx Therapeutics, Inc.
Name

Case number (If known) _____

20. **Work in progress**21. **Finished goods, including goods held for resale**
Approx. 30 complete
UVLrx Systems**\$0.00 Liquidation \$150,000.00****Approx. 5825 DLA Kits****\$0.00 Liquidation \$116,500.00**22. **Other inventory or supplies**23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$301,500.0024. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.**General description****Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of
debtor's interest**39. **Office furniture****Florida Office: 2-Couches (\$400) 3-Recliners (\$150), 2-Coffee Tables (\$150), Conference Table (\$200), 8-Desks (\$400), 4-End Tables (\$140), 2-Computer Desks (\$100), 2-Kitchen Chairs (\$40), 34-Office Chairs (\$680), 4-Cubicles (\$600), 13-File Cabinets (\$1300), Bookcase (\$40), Rolling Shelve (\$100), 16-Work Benches \$1600), Cage (\$125), Stainless Medical Tray (\$40), Beverage Car (\$35), Refrigerator (\$125), Microwave (\$20), and misc. office supplies & decorations****\$0.00 \$6,245.00**

Debtor UVLrx Therapeutics, Inc.
Name

Case number (If known) _____

California Office (Administrative): 3-Couches (\$600), Recliner (\$50), 2-Leather Chairs (\$150), 7-Desk Chairs (\$140), 2-Coffee Tables (\$150), 4-Desks (\$200), 3-Filed Cabinets (\$266.66), Credenza (\$75), Bookcase (\$40), 2-Paper Shredders (\$20), Microwave (\$20), Toaster Oven (\$10), Coffee Maker (\$5), Water Cooler (\$50), Stool (\$25), 3-IV Poles (\$150), and 2-Stainless Medical Trays (\$80), misc. office supplies & decorations

\$0.00

\$2,031.66

Items in Storage: 7-Desk Chairs (\$140), 1-File Cabinet (\$134), Ping Pong Table (\$1500)

\$0.00

\$1,774.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Florida Office (Manufacture): 3-Computers

\$0.00

\$225.00

California Office: 4-Computers (\$300), 4-Monitors (\$200), 2-Printers (\$50), Postage Meter (\$25), 6-Phones (\$30), Conference Camera & Modem (\$50)

\$0.00

\$655.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$10,930.66

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

Debtor UVLrx Therapeutics, Inc.
Name

Case number (If known) _____

- 50.
- Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Florida Office: Portable UV-VIS Spectrometer, microscope & various small tools**\$0.00****\$2,000.00**

- 51.
- Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$2,000.00

- 52.
- Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No☐ Yes

- 53.
- Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No☐ Yes**Part 9: Real property**

- 54.
- Does the debtor own or lease any real property?**

☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**

- 59.
- Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Patents: Therapeutic Light Source, Sheathed Optical Fiber, Vascular Access Device w/ Integrated Light Guide, Systems & Methods for In Vivo Irradiation of Blood, and High Efficiency Optical Combiner for Multiple Non-Coherent Light Sources	\$0.00		Unknown

- 61.
- Internet domain names and websites**

- 62.
- Licenses, franchises, and royalties**

- 63.
- Customer lists, mailing lists, or other compilations**

- 64.
- Other intangibles, or intellectual property**

- 65.
- Goodwill**

- 66.
- Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

- 67.
- Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?**

☒ No☐ Yes

Debtor **UVLrx Therapeutics, Inc.** Case number (If known) _____
Name

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **UVLrx Therapeutics, Inc.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$14,894.81	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$24,100.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$9,219.22	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$301,500.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$10,930.66	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$2,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$362,644.69	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$362,644.69

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	The GrotenHuis Family 2009 Creditor's Name Revocable Trust & Legacy 1225 Via Brigitte Santa Barbara, CA 93111 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket Lien Describe the lien Intellectual Property Sec. Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,734,109.56	Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,734,109.56
6

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Legacy Technology, Inc. 2005 LaSalle Flower Mound, TX 75022	Line <u>2.1</u>	

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Department of Revenue PO Box 6668 Tallahassee, FL 32314 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: None known - noticing purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown \$0.00
2.2	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: None known - noticing purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown \$0.00

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	UVLrx Therapeutics, Inc. Name _____	Case number (if known) _____
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3.1	Nonpriority creditor's name and mailing address Andaman Medical Pte LTD Tampines Junction Business C Cntr, Level 09-02 300 Tampines Ave 5 Singapore, IA 52965-3000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
<hr/>			
3.2	Nonpriority creditor's name and mailing address Berti Spechler Sarmiento McKay & Co., LLP 1933 Cliff Ddr., Ste. 26 Santa Barbara, CA 93109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,263.46
<hr/>			
3.3	Nonpriority creditor's name and mailing address Blank Rome, LLP One Logan Square 130 N. 18th Street Philadelphia, PA 19103-6998 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney - Labor (Services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,776.00
<hr/>			
3.4	Nonpriority creditor's name and mailing address Block & Garden LLP 5949 Sherry Lane Suite 900 Dallas, TX 75225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney - General (Services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,577.81
<hr/>			
3.5	Nonpriority creditor's name and mailing address C & J Precision 7101 60th St. N. Pinellas Park, FL 33781 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$705.25
<hr/>			
3.6	Nonpriority creditor's name and mailing address Canva Solutions, Inc 11911 Freedom Dr. Suite 850 Reston, VA 20190 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Software License fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
<hr/>			
3.7	Nonpriority creditor's name and mailing address Cardinal Health Attn: Jason Bowers 11210 N. McKinley Dr. Tampa, FL 33612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,481.90

Debtor	UVLrx Therapeutics, Inc. Name _____	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address Chesapeake Research Review PO Box 74008070 Chicago, IL 60674-8070 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IRB Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.00
<hr/>			
3.9	Nonpriority creditor's name and mailing address Chris Dooly 2917 Old Greenwood Rd. Suite 1 Fort Smith, AR 72903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,500.00
<hr/>			
3.10	Nonpriority creditor's name and mailing address Clinilogix, LLC 8 Sprginhouse Innovation Par 727 Norristown Rd. Suite 100 Lower Gwynedd, PA 19002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,526.07
<hr/>			
3.11	Nonpriority creditor's name and mailing address Clinton Pomroy, ND 5308 Derry Ave., Ste. K Agoura Hills, CA 91301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Refund due</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,107.00
<hr/>			
3.12	Nonpriority creditor's name and mailing address Emergo Global Consulting, LL 816 Congress Ave. Suite 1400 Austin, TX 78701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
<hr/>			
3.13	Nonpriority creditor's name and mailing address Fish IP Law LLP 2603 Main St., Ste. 1000 Irvine, CA 92614-4271 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney - IP/Patents/Trademarks (Services) - Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,052.80
<hr/>			
3.14	Nonpriority creditor's name and mailing address Friendship Wellness Group c/o Mark Crawford 7685 Fossil Ridge Dr. Frisco, TX 75034 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales Rep Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,125.00

Debtor	UVLrx Therapeutics, Inc. Name	Case number (if known)
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3.15	Nonpriority creditor's name and mailing address Gerry O'Dell Consulting 5450 Bruce B Downs Blvd. Suite #319 Wesley Chapel, FL 33544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,360.00
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3.16	Nonpriority creditor's name and mailing address Grizzle Capital, LLC c/o Scott Grizzle 495 Grand Blvd., Ste. 206 Miramar Beach, FL 32550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant + Travel Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577,396.18
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3.17	Nonpriority creditor's name and mailing address Group Delphi 12915 Stonebridge Rd. Roanoke, IN 46783 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,035.62
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3.18	Nonpriority creditor's name and mailing address Gulf Coast IRB, LLC 9030 St. Clair Lane Port Richey, FL 34668 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IRB Consultant - Critical Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,325.00
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3.19	Nonpriority creditor's name and mailing address Intelx Solutions Attn: Doug Roberts 5550 LBJ Freeway, Ste. 800 Dallas, TX 75240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sale Rep Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,250.00
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3.20	Nonpriority creditor's name and mailing address Ion Medical Supply PO Box 17304 Jacksonville, FL 32245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.21	Nonpriority creditor's name and mailing address Jonathan Wemer 2002 Blind Pond Avenue Lutz, FL 33549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,188.09
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Debtor	UVLrx Therapeutics, Inc. Name	Case number (if known)
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3.22	Nonpriority creditor's name and mailing address JVC Marketing, LLC Victor Scheeren 9030 Saint Clair Lane Port Richey, FL 34668 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant + Travel Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$488,897.08</u>
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3.23	Nonpriority creditor's name and mailing address KW Consulting Kristi Harter 1070 Vai Los Padres Santa Barbara, CA 93105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$46,980.00</u>
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3.24	Nonpriority creditor's name and mailing address Medical Device Management c/o Scott Johnson 11259 Windsor Place Tampa, FL 33626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$76,069.94</u>
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3.25	Nonpriority creditor's name and mailing address Medical Device Safety Svc Schiffgraben 41 30175 Hannover, Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,047.82</u>
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3.26	Nonpriority creditor's name and mailing address Michael Galitzer, MD 12381 Wilshire Blvd, #102 Los Angeles, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
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3.27	Nonpriority creditor's name and mailing address Molex, Inc. 18019 N. 25th Avenue Phoenix, AZ 85023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$205,652.86</u>
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3.28	Nonpriority creditor's name and mailing address Nest Integrative Med Spa c/o Kristi Harter 523 Chapala St, #2 Santa Barbara, CA 93101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,000.00</u>
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Debtor	UVLrx Therapeutics, Inc. Name	Case number (if known)
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3.29	Nonpriority creditor's name and mailing address Qosina 2002 Orville Drive Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,629.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory Suppliers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Rock The Mike Productions Attn: Michael Harter 9716 Montague St. Tampa, FL 33626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$929,189.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant & Travel Expenses + Bonuses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address RTL Aesthetics Attn: Serhly Yemtsev 13 Block 4, Golosievskia Str. 03039 Kiev, Ukraine Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$61,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Ryan Maloney 31610 N. 21st Lane Phoenix, AZ 85085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$73,669.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consulting + Bonus</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Salus IRB Account Receivable 2111 W. Braker Lane Ste 400 Austin, TX 78758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IRB Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Schulman Associates IRB Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$975.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IRB Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Smart Company Eduardo Vazquez Primera Norte 5100 Chapalita de Occident Jalisco 45030 Mexico Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,945.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales Rep Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **UVLrx Therapeutics, Inc.**

Case number (if known) _____

3.36	Nonpriority creditor's name and mailing address Sprout Media, LLC 1351 Willow Brook Drive Palm Harbor, FL 34683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising/Mktg-Graphic Designer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,707.59
3.37	Nonpriority creditor's name and mailing address The Harrington Group Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
3.38	Nonpriority creditor's name and mailing address The HMC Company c/o Rowland 2020 Maltby Rd., Ste. 7 PMB 140 Bothell, WA 98021-8669 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Consultant - subcontractor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$615,928.27
3.39	Nonpriority creditor's name and mailing address The Parris Family Trust 211 W Mission St Santa Barbara, CA 93101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landlord - CA Office - 1834 Bath St.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,100.00
3.40	Nonpriority creditor's name and mailing address WuXi App Tec, Inc. 24681 Network Place Chicago, IL 60673-1681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,296.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Molex, LLC c/o Holland & Knight, LLP 100 N. Tampa St., Ste. 4100 Tampa, FL 33602	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	\$	0.00
5b. Total claims from Part 2	+	3,445,264.27

Debtor UVLrx Therapeutics, Inc.
Name

Case number (if known) _____

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ <u>3,445,264.27</u>

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Leased Automobile:
2017 Ford F150**

State the term remaining

List the contract number of any government contract _____

**A-Ford Credit
PO Box 552679
Detroit, MI 48255-2679**2.2. State what the contract or lease is for and the nature of the debtor's interest **Leased Automobile:
2016 Cadillac Escalade**

State the term remaining

List the contract number of any government contract _____

**A-GM Financial Leasing
PO Box 100
Buffalo, NY 14231**2.3. State what the contract or lease is for and the nature of the debtor's interest **Leased Automobile:
2017 Land Rover Range Rover**

State the term remaining

List the contract number of any government contract _____

**A-Land Rover Financial Corp
c/o Chase
PO Box 78074
Phoenix, AZ 85062-8074**2.4. State what the contract or lease is for and the nature of the debtor's interest **Leased Automobile:
2018 Mercedes-Benz**

State the term remaining

List the contract number of any government contract _____

**A-Mercedes-Benz Financial
PO Box 5209
Carol Stream, IL 60197-5209**

Debtor 1 **UVLRx Therapeutics, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Landlord - 640 Brooker Creek Blvd., Ste. 455, Oldsmar, FL 34677 (FL - Headquarters & Manufacturing) L-EJB Brooker Creek Six, LLC 8640 Seminole Blvd. Seminole, FL 33772	
2.6.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Landlord - 200 Carrillo Street, Suite 101, Santa Barbara, CA 93101 - Debtor subleases to Expires 01/31/2022	L-Joe A. Freitas & Sons c/o Pacifica Commercial Realty & Haes Comm. 200 E. Carrillo, Ste. 100 Santa Barbara, CA 93101
2.7.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Landlord - 1834 Bath Street, Santa Barbara, CA 93101 (CA - Sales & Administration) Expires 05/31/2021	L-William & Kamala Parris, Trustee of the Parris Family Trust, c/o Hayes Commercial 222 E. Carrillo St., Ste.101 Santa Barbara, CA 93101
2.8.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Service Agreement - Telephone	SA-AT&T PO Box 10330 Fort Wayne, IN 46851-0330
2.9.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Service Agreement - Cell Phones	SA-Frontier Communications PO Box 740407 Cincinnati, OH 45274
2.10.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining	Service Agreement - Internet / Cable	SA-Spectrum, fka Brighthouse PO Box 30765 Tampa, FL 33630-3765

Debtor 1 **UVLrx Therapeutics, Inc.**
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name UVLrx Therapeutics, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2018 to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☒ Other Estimated YTD**Gross revenue**
(before deductions and exclusions)\$723,615.38**For prior year:**From 1/01/2017 to 12/31/2017☒ Operating a business☐ Other _____\$2,340,309.99**For year before that:**From 1/01/2016 to 12/31/2016☒ Operating a business☐ Other _____\$3,641,591.30**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor UVLrx Therapeutics, Inc.

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Debtor **UVLrx Therapeutics, Inc.**

Case number (if known)

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Buddy D. Ford, P.A.
9301 W. Hillsborough Avenue
Tampa, FL 33615-3008****09/05/18****\$14,000.00****Email or website address
All@TampaEsq.com****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy
From-To**14.1. **200 E. Carrillo Street
Suite 101
Santa Barbara, CA 93101****10/2013 to 05/31/2018****Part 8: Health Care Bankruptcies**

Debtor UVLrx Therapeutics, Inc.

Case number (if known) _____

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Medical License # and IRB Date

Does the debtor have a privacy policy about that information?

- ☒ No
- ☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Debtor UVLrx Therapeutics, Inc.

Case number (if known) _____

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Public Storage 161 Ventura Blvd. #B560 Oxnard, CA 93036	Unit #B560 Public Storage 161 ventura blvd oxnard ca 93036Michael Harter	7-Desk Chairs (\$140), 1-File Cabinet (\$134), Ping Pong Table (\$1500)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor **UVLrx Therapeutics, Inc.**

Case number (if known) _____

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

25.1. **UVL Blood Labs, Inc.**
Attn: Michael Harter, CEO
200 E. Carrillo, Ste. 101
Santa Barbara, CA 93101

Merged with Debtor**Dates business existed****EIN: 45-2494919****From-To 05/13/2011 to 09/05/2014****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **Mindy Lee, Controller**
UVLrx Therapeutics, Inc, employee
1834 Bath Street
Santa Barbara, CA 93101

2016 to present

26a.2. **Robert Vannier, CPA**
Berti Spechler Sarmiento McKay
& Co, LLP
1933 Cliff Dr., Ste. 26
Santa Barbara, CA 93109

2016 to present

26a.3. **Michael Harter**
9716 Montague Street
Apartment #16-9716
Tampa, FL 33626

**10/14/2014
(Incorporation) to
present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Debtor **UVLrx Therapeutics, Inc.**

Case number (if known) _____

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	David Angelo	____/____/____	
	Name and address of the person who has possession of inventory records Michael Harter 640 Brooker Creek Blvd. Suite 455 Oldsmar, FL 34677		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Victor Scheeren	640 Brooker Creek Blvd. Suite 455 Oldsmar, FL 34677	Executive Vice President	3.51%
Michael Harter	9716 Montague St. Apartment #16-9716 Tampa, FL 33626	CEO	24.14%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Scott Grizzle	495 Grand Blvd., Ste. 206 Miramar Beach, FL 32550	Director & Board member	12/2013 to 11/2017 - CFO & COO 11/2017 to 09/04/2018 - Director & board member

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Victor J. Scheeren JVC Marketing LLC 9030 Saint Clair Lane Port Richey, FL 34668	Approx. \$25,000	2018	Salary-Commission / Bonus / Reimbursements/ Expenses
	Relationship to debtor Officer / Shareholder			

Debtor **UVLrx Therapeutics, Inc.**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Michael Harter 9716 Montague St. Apartment #16-9716 Tampa, FL 33626	Approx. \$90,000	2018	Salary-Commission / Bonus / Reimbursements/ Expenses
	Relationship to debtor Officer / Shareholder			
30.3	Scott Grizzle 495 Grand Blvd., Ste. 206 Miramar Beach, FL 32550	\$27,000	2018	Salary-Commission / Bonus / Reimbursements/ Expenses
	Relationship to debtor Former Officer			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor UVLrx Therapeutics, Inc.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 7, 2018

/s/ Michael Harter

Signature of individual signing on behalf of the debtor

Michael Harter

Printed name

Position or relationship to debtor Chief Executive Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
Middle District of Florida**

In re **UVLrx Therapeutics, Inc.**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Matthew Adeh 47 Alconbury Dr. Ontario L8W 3G8			0.03%
Advanced Interventional Paid & Diagnostic of Western Attn: John Swicewood 8852 N. Paulina St. Chicago, IL 60613			0.02%
David Angulo 10020 Strafford Oak Court #904 Tampa, FL 33624			0.09%
Barr Consulting Group, LLC c/o Rhonda Barr 1028 North Point Circle Shreveport, LA 71106			0.15%
Block & Garden LLP 5949 Sherry Lane Suite 900 Dallas, TX 75225			0.06%
Brent Bottlesen 1326 Shoreline Dr. Santa Barbara, CA 93109			0.08%
Harvey Bottlesen 1830 Gibraltar Road Santa Barbara, CA 93105			0.15%
Richard K. Burgess 1008 20th Street Golden, CO 80401			0.05%
Janet Burkhart 1608 Laguna Street Santa Barbara, CA 93101			0.60%
Thomas E. Caesar 40 E. Almar Ave. PO Box 3068 Santa Barbara, CA 93130			0.02%

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Robert L. Campbell 4440 Fair Creek Terrace Aledo, TX 76008			0.05%
Cassels Contracting c/o Geraldine Cassels 5022 Hwy 124 Enterprise, LA 71425			0.02%
Cassels Contracting 5022 Highway 124 Enterprise, LA 71425			0.02%
Melissa Lynn Christou 1522 Knoll Circle Dr. Santa Barbara, CA 93103			0.08%
Mark Crawford 7685 Fossil Ridge Drive Frisco, TX 75034			0.60%
Michael Curley 14026 Citrus Pointe Drive Tampa, FL 33625			0.02%
Daniel & Elaine Aldrich Rev. 101 Donna Ct. Santa Cruz, CA 95060			0.10%
Eugene R. Delucia 632 Riviera Bay Dr. Saint Petersburg, FL 33702			0.06%
Donald Mark Crawford GST Tru PO Box 3270 Midland, TX 79702			0.08%
Dr. Michael Galitzer 12381 Wilshire Blvd., #102 Los Angeles, CA 90025			0.06%
Kara Dresser 160 Inverness Approach Roswell, GA 30075			0.03%
Jon & Melody DuPrau 16 E. Pedregosa St. Santa Barbara, CA 93101-2417			0.02%

List of equity security holders consists of 10 total page(s)

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Best Case Bankruptcy

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Equity Trust Co. Custodian FBO David Thoman 1 Equity Way, Westlake Westlake, OH 44145			0.36%
FXR Holdings, LLC Attn: Francis Riegler 3827 Castlerock Rd. Malibu, CA 90265			0.04%
Reed Garrett 211 East 3rd St. Kinmundy, IL 62854			0.02%
Patsy An Grace 1830 Gibraltar Road Santa Barbara, CA 93105			0.08%
Grizzle Capital, LLC 495 Grand Blvd., Ste. 206 Miramar Beach, FL 32550			9.05%
Scott Grizzle 1482 East Valley Road Santa Barbara, CA 93108			9.1%
Ramiro Ramirez Gutierrez Bosques del Valle 112 Colonia Bosques del Valle San Pedro Garza Garia, Mexico NL, C.P. 66250			0.30%
Kristi Harter 2627 Montrose Place Santa Barbara, CA 93105			0.54%
Michael Harter 9716 Montague Street Apartment #16-9716 Tampa, FL 33626			24.14%
Hausmann Rev Living Trust 6586 Ingleside Ct. San Jose, CA 95120			0.60%
Bryan Humphrey 7334 Monterey Blvd. Tampa, FL 33625-6580			0.06%

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Best Case Bankruptcy

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Hurvitz Family Trust Attn: Graham & Kim Hurvitz 4581 Via Maria Santa Barbara, CA 93111			0.08%
Stephen J. Iacoboni 1432 Fox Hollow Road Sequim, WA 98382			0.07%
Ken Infante 901 Worthington Dr. Exton, PA 19341			0.01%
J&L Gentry Investments, LLC 7842 Broadacres Rd. Shreveport, LA 71129			0.09%
James Paul Crawford GST Trus PO Box 3270 Midland, TX 79702			0.08%
JD & Dorothy Crawford Family Box 3270 Midland, TX 79702			0.70%
Scot Johnson 19325 Wind Dancer Lutz, FL 33558			2.93%
KBHJJ, LLC (Harrington Group)			1.09%
David Kloth 4 Old Barlow Mountain Rd. Ridgefield, CT 06877			0.04%
Salvator Peter LaBarbera 6591 Woodcliff Ct. San Jose, CA 95120			0.61%
Eddy Layne, 12273 West Tanyard Hollow Ro Bentonville, AR 72712			0.15%
Melinda Lee 215 Vista de la Cumbre Santa Barbara, CA 93105			0.06%

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Best Case Bankruptcy

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Kris LeMert 121 Los Alamos Ave. Santa Barbara, CA 93109			0.06%
Keet Lewis 3750 Duchess Trail Dallas, TX 75229			0.30%
Lindros Family Revocable Tru 747 Garden St. Santa Barbara, CA 93101			0.60%
Jason Lipinski 12942 Turnstone Court Hudson, FL 33669			0.02%
Payton L. Lockey 111 Rosedown Dr. Madison, MS 39110			0.09%
Ryan Maloney 31610 N. 21st Lane Phoenix, AZ 85085			0.60%
Medio Investments, LLC Attn: Dan Aldrich 715 E. Montecito St., Ste. B Santa Barbara, CA 93103			0.45%
Everett Meisser, Jr. 1595 38th Ave. Capitola, CA 95010			0.02%
Tomoth C. Moots 446 Collins Ave. Hasbrouck Heights, NJ 07604			0.05%
Jeremy Nicolaisen 3211 Shady Lily Lane Land O Lakes, FL 34638			0.02%
Norcel 2, LLC c/o Boris Schwartz 610 E. Bell Road, Ste. #2336 Phoenix, AZ 85022			0.03%

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Best Case Bankruptcy

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Norcel 3, LLC c/o Boris Schwartz 610 E. Bell Road, Ste. #2336 Phoenix, AZ 85022			0.03%
Ron Novak 321 Plaza Mucho Mas Suite 100-A Bernalillo, NM 87004			0.60%
Clifton N. Orme 1020 Three Lincoln Centre 5430 LBJ Freeway Dallas, TX 75240-2621			0.02%
Palmacci Family Trust c/o Jed Palmacci 8053 Redden Road Park City, UT 84098			1.51%
David and Suzanne Palmlund 5323 Swiss Ave. Dallas, TX 75214			0.30%
Palos Verdes Cove Management 2645 Todos Santos Lane Santa Barbara, CA 93105			14.49%
Steuart Pearce 293 Bellino Ddr. Pacific Palisades, CA 90272			0.04%
Pensco Trust Co., LLC FBO Graham Hurvitz PO Box 173859 Denver, CO 80217			0.15%
Andrew M. Petros 770 S. Wind Circle Fort Lauderdale, FL 33326			0.08%
Michael Pitman 21201 Kittridge St., #4202 Woodland Hills, CA 91303			0.60%

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Preciado, Vazquez, Eduardo Primera Norte 5100 Chapalita de Occidente Zapopan, Jalisco 45030 Mexico			0.44%
Premier Point Home Health, I 4701 N. Sheridan Road Chicago, IL 60640			0.15%
Keith Bennett Presher 13166 Boca de Canon Lane Los Angeles, CA 90049			0.08%
Elizabeth Principe 158 Wingham Rd. Hillsdale, NJ 07642			0.02%
Barbara Proctor 3404 Jewel Court The Villages, FL 32163			0.02%
Quest IRA, Inc. FBO: Kevin Maher IRA 17171 Park Row, Ste.100 Houston, TX 77084			0.13%
Ramiro Ramirez Bosques del Valle 112 Col. Bosqus de Valle San Pedro Garza Garia N. L. C.P. Mexico 66250			0.91%
Josh Ratermann 7049 Bilek Road Alma, IL 62807			0.08%
Francis X. Riegler 3827 Castlerock Road Malibu, CA 90265			0.03%
Larry S. Roberts 233 Northwood Lane Salem, IL 62881			0.01%
Rose Trust Attn: Jack H. Corn, Trustee 1529 Oak Way Sarasota, FL 34232			0.45%

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Best Case Bankruptcy

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Cecilia Rybicki			0.30%
Victor J. Scheeren JVC Marketing LLC 9030 Saint Clair Lane Port Richey, FL 34668			3.01%
William Schmidt 15602 Allmand Dr. Hudson, FL 34667			0.02%
Ralph & Heather Schneider 5837 Central Ave. New Port Richey, FL 34652			0.05%
Scotty Scoto 1418 Venice Blvd #309 Venice, CA 90201			0.01%
David S. Shepardson 5681 Dolphin Place La Jolla, CA 92037			0.09%
Paul & Lori Shoemaker 7934 Lake View Lane Mercer Island, WA 98040			0.01%
Christopher R. Swicegood 6517 Rolling Ford Dr. Nashville, TN 37205			0.03%
John R. Swicegood, II 8852 N. Pauline St. Chicago, IL 60613			0.03%
TCSB, LLC Attn: Brent Bottlesen Santa Barbara Tennis Club 2375 Foothill Road Santa Barbara, CA 93105			0.06%
David Thoman 1039 N. Fairview Ave. Goleta, CA 93117			0.30%

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Thomas P. Lowe Trust 2630 W. Lafayette Rd. Excelsior, MN 55331			0.06%
Carter Toms 6606 Gilbert Dr. Shreveport, LA 71106			0.04%
David Toms 6606 Gilbert Dr. Shreveport, LA 71106			0.26%
David Toms 6606 Gilbert Dr. Shreveport, LA 71106			0.18%
Thomas & Vicki Toms 215 Bay Hills Dr. Benton, LA 71006			0.04%
Unglesby Moore Investments Attn: Jason Moore 246 Napoleon St. Baton Rouge, LA 70802			0.09%
UVL Acquisitions, LLC 1038 N. Pointe Cir. Shreveport, LA 71106			0.52%
Jonathan Werner 2002 Blind Pond Ave. Lutz, FL 33549			0.15%
Shawn Whited 18037 Glastonbury Lane Land O Lakes, FL 34638			0.02%
Victoria Wood 11900 68th Avenue Seminole, FL 33772			0.60%
Gregory D. Woods PO Box 1593 Bentonville, AR 72712			0.27%
Wilford & Linda Wrightson 4126 Oak Crest Drive Stone Mountain, GA 30083			0.03%

List of equity security holders consists of 10 total page(s)

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Best Case Bankruptcy

In re: **UVLrx Therapeutics, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Will Wrightson 416 Oak Crest Drive Tucker, GA 30084			0.06%
Loretta M. Zapp 4383 Apple Ct. Boulder, CO 80301			0.08%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **September 7, 2018**Signature **/s/ Michael Harter**
Michael Harter

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Florida**

In re **UVLrx Therapeutics, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 7, 2018**

/s/ Michael Harter

Michael Harter/Chief Executive Officer

Signer/Title

UVLrx Therapeutics, Inc.
640 Brooker Creek Blvd.
Suite #455
Oldsmar, FL 34677

Buddy D. Ford, Esquire
Buddy D. Ford, P.A.
9301 West Hillsborough Avenue
Tampa, FL 33615-3008

Andaman Medical Pte LTD
Tampines Junction Business C
Cntr, Level 09-02
300 Tampines Ave
5 Singapore, IA 52965-3000

Berti Spechler
Sarmiento McKay & Co., LLP
1933 Cliff Ddr., Ste. 26
Santa Barbara, CA 93109

Blank Rome, LLP
One Logan Square
130 N. 18th Street
Philadelphia, PA 19103-6998

Block & Garden LLP
5949 Sherry Lane
Suite 900
Dallas, TX 75225

C & J Precision
7101 60th St. N.
Pinellas Park, FL 33781

Canva Solutions, Inc
11911 Freedom Dr.
Suite 850
Reston, VA 20190

Cardinal Health
Attn: Jason Bowers
11210 N. McKinley Dr.
Tampa, FL 33612

Chesapeake Research Review
PO Box 74008070
Chicago, IL 60674-8070

Chris Dooly
2917 Old Greenwood Rd.
Suite 1
Fort Smith, AR 72903

Clinlogix, LLC
8 Sprginhouse Innovation Par
727 Norristown Rd.
Suite 100
Lower Gwynedd, PA 19002

Clinton Pomroy, ND
5308 Derry Ave., Ste. K
Agoura Hills, CA 91301

Department of Revenue
PO Box 6668
Tallahassee, FL 32314

Emergo Global Consulting, LL
816 Congress Ave.
Suite 1400
Austin, TX 78701

Fish IP Law LLP
2603 Main St., Ste. 1000
Irvine, CA 92614-4271

Friendship Wellness Group
c/o Mark Crawford
7685 Fossil Ridge Dr.
Frisco, TX 75034

Gerry O'Dell Consulting
5450 Bruce B Downs Blvd.
Suite #319
Wesley Chapel, FL 33544

Grizzle Capital, LLC
c/o Scott Grizzle
495 Grand Blvd., Ste. 206
Miramar Beach, FL 32550

Group Delphi
12915 Stonebridge Rd.
Roanoke, IN 46783

Gulf Coast IRB, LLC
9030 St. Clair Lane
Port Richey, FL 34668

Intelix Solutions
Attn: Doug Roberts
5550 LBJ Freeway, Ste. 800
Dallas, TX 75240

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Ion Medical Supply
PO Box 17304
Jacksonville, FL 32245

Jonathan Wemer
2002 Blind Pond Avenue
Lutz, FL 33549

JVC Marketing, LLC
Victor Scheeren
9030 Saint Clair Lane
Port Richey, FL 34668

KW Consulting Kristi Harter
1070 Vai Los Padres
Santa Barbara, CA 93105

Legacy Technology, Inc.
2005 LaSalle
Flower Mound, TX 75022

Medical Device Management
c/o Scott Johnson
11259 Windsor Place
Tampa, FL 33626

Medical Device Safety Svc
Schiffgraben 41 30175
Hannover, Germany

Michael Galitzer, MD
12381 Wilshire Blvd, #102
Los Angeles, CA 90025

Molex, Inc.
18019 N. 25th Avenue
Phoenix, AZ 85023

Molex, LLC
c/o Holland & Knight, LLP
100 N. Tampa St., Ste. 4100
Tampa, FL 33602

Nest Integrative Med Spa
c/o Kristi Harter
523 Chapala St, #2
Santa Barbara, CA 93101

Qosina
2002 Orville Drive
Ronkonkoma, NY 11779

Rock The Mike Productions
Attn: Michael Harter
9716 Montague St.
Tampa, FL 33626

RTL Aesthetics
Attn: Serhly Yemtsev
13 Block 4, Golosievskia Str.
03039 Kiev, Ukraine

Ryan Maloney
31610 N. 21st Lane
Phoenix, AZ 85085

Salus IRB Account Receivable
2111 W. Braker Lane Ste 400
Austin, TX 78758

Schulman Associates IRB

Smart Company Eduardo
Vazquez Primera Norte
5100 Chapalita de Occident
Jalisco 45030 Mexico

Sprout Media, LLC
1351 Willow Brook Drive
Palm Harbor, FL 34683

The GrotenHuis Family 2009
Revocable Trust & Legacy
1225 Via Brigitte
Santa Barbara, CA 93111

The Harrington Group

The HMC Company
c/o Rowland _____
2020 Maltby Rd., Ste. 7
PMB 140
Bothell, WA 98021-8669

The Parris Family Trust
211 W Mission St
Santa Barbara, CA 93101

WuXi App Tec, Inc.
24681 Network Place
Chicago, IL 60673-1681

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Middle District of Florida**

In re UVLrx Therapeutics, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>12,283.00</u>
Prior to the filing of this statement I have received	\$	<u>12,283.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 1,717.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☐ Debtor ☒ Other (specify): **Additional fees & costs due after depletion of the retainer, will be applied for**
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 7, 2018

Date

/s/ Buddy D. Ford, Esquire

Buddy D. Ford, Esquire 0654711

Signature of Attorney

Buddy D. Ford, P.A.

9301 West Hillsborough Avenue

Tampa, FL 33615-3008

(813)877-4669 Fax: (813)877-5543

All@tampaesq.com

Name of law firm

**United States Bankruptcy Court
Middle District of Florida**

In re **UVLrx Therapeutics, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **UVLrx Therapeutics, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

September 7, 2018

Date

/s/ Buddy D. Ford, Esquire

Buddy D. Ford, Esquire 0654711

Signature of Attorney or Litigant
Counsel for **UVLrx Therapeutics, Inc.**

Buddy D. Ford, P.A.

**9301 West Hillsborough Avenue
Tampa, FL 33615-3008**

**(813)877-4669 Fax:(813)877-5543
All@tampaesq.com**